

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	70029	8/20/01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
(Through numeral)..... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

Claim		Date	
Final	Original		
1	2		
3	4		
5	6		
7	8		
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11	12		
13	14		
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45	46		
47	48		
49	50		

Claim		Date	
Final	Original		
51	52		
53	54		
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99	100		

Claim		Date	
Final	Original		
101	102		
103	104		
105	106		
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149	150		

If more than 150 claims or 10 actions  
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